

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (Additional rows as needed)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
CLIP CLASSIFIER			
FORMALITY REVIEW	R	AN	7/11/81
RESPONSE FORMALITY REVIEW	MA	SV	7/11/81

## INDEX OF CLAIMS

- |   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| • | Allowed                    | I | Interference |
| - | (Through camera) Corrected | A | Appeal       |
| + | Restricted                 | O | Objection    |

Claim	Date	Claim	Date	Claim	Date
1	7/11/81	1	7/11/81	1	7/11/81
2	7/11/81	2	7/11/81	2	7/11/81
3	7/11/81	3	7/11/81	3	7/11/81
4	7/11/81	4	7/11/81	4	7/11/81
5	7/11/81	5	7/11/81	5	7/11/81
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97	7/11/81	97	7/11/81	97	7/11/81
98	7/11/81	98	7/11/81	98	7/11/81
99	7/11/81	99	7/11/81	99	7/11/81
100	7/11/81	100	7/11/81	100	7/11/81

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

530  
7/11/81